

# UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A

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For use by Members, officers, and employees

Peter J. Visclosky

202-225-2461

(Full Name)

(Daytime Telephone)

Filer Status ☒ Member of the U.S. House of Representatives State: IN District: 01

☐ Officer Or Employee Employing Office:

Report Type ☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$35 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$35 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the reporting period? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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**SCHEDULE I - EARNED INCOME**

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
U.S. House of Representatives Committee on Oversight and Government Reform	Spouse Salary	NA
U.S. Department of Labor	Spouse Salary	NA

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any domestic liability of \$5,000 or less in a personal obligation as</p>		<p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
DC	Dodge & Cox Stock Fund	\$50,001 - \$100,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	
DC	Dodge & Cox Stock Fund	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	
	Merrill Lynch Bank	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
DC	Mutual Quest Fund	\$50,001 - \$100,000	DIVIDENDS/CAPITAL GAINS	\$2,501 - \$5,000	P
DC	Mutual Quest Fund	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	
	Northwest Indiana Bancorp	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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DC	People's Bank - Savings Account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
DC	People's Bank - Savings Account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	People's Bank - Checking Account	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
	Congressional Federal Credit Union	\$1 - \$1,000	None	NONE	
SP	403B7 Vanguard 500 Index Fund	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	
SP	403B7 Vanguard Morgan Growth Fund	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
SP	403B7 Vanguard Strategic Equity Fund	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
SP	403B7 Vanguard Wellington Fund	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	403B7 Vanguard Selected Value Fund	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
SP	Bank of America - Combined Checking and Money Market Account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	Bank of America - Combined Checking and Money Market Account	\$100,001 - \$250,000	INTEREST	\$1 - \$200	
SP	IRA Sentinel Sustainable Core Opportunities	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Merrill Lynch Ready Assets	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Pepsico Stock Shares	\$100,001 - \$250,000	DIVIDENDS	\$2,501 - \$5,000	

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SP	Roth IRA - Sentinel Sustainable Core Opportunities	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Roth IRA - Sentinel Sustainable Growth	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Vanguard Tax-Managed Small - CAP	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	Vanguard Total International Stock Index	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	

# SCHEDULE IV - TRANSACTIONS

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
DC	Mutual Quest Fund	P	N/A	Monthly from 1- 15-10 to 7-15- 10	\$1,001 - \$15,000

# SCHEDULE VIII - POSITIONS

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	The Visclosky Foundation P.O. Box 10847 Merrillville, IN 46411